Tax Year 2003 Rhode Island Form RI-1040NR 2D Barcode Layout

Field ID	RI Form Line Ref	Field Name	Max Size	Type	Edit and Instructions
		HEADER SECTION			
1	Code and Header Version		2	AN	value =T1
2	Developer Code	NACTP ID	4	N	assigned by NACTP
		RI-1040 INFORMATION			
3		Tax Year	4	N	2003
4		form type	7	AN	RI1040N
5		Primary last name, no suffix	20	AN	
6		Primary First Name	14	AN	
7		Primary MI	1	AN	
8		Primary SSN	9	N	
9		Spouse Last Name	20	AN	
10		Spouse First Name	14	AN	
11		Spouse MI	1	AN	
12		Spouse SSN	9	N	
13		Address	35	AN	number, street, RR, or PO Box
14		City or Town	21	AN	
15		State	2	AN	
16		Zip + 4	9	AN	left justify
17		City or Town of Legal Residence	21	AN	
18		Electoral System Contribution **YES**	1	A	X if box checked, blank if not marked
19		Electoral System Contribution **NO**	1	A	X if box checked, blank if not marked
20		Electoral Party specified	12	A	
21		Non-Partisan account	1	A	X if box checked, blank if not marked
22		Single	1	A	X if box checked, blank if not marked
23		Married Joint	1	A	X if box checked, blank if not marked
24		Married Separate	1	A	X if box checked, blank if not marked
25		Head of Household	1	A	X if box checked, blank if not marked
26		Qualifying Widow(er)	1	A	X if box checked, blank if not marked
27		RI Deduction Schedule	1	A	X if box checked, blank if not marked
28	1	Federal Adjusted Gross Income	9	N	
29	2	Modifications	9	N	
30	4	Federal deductions	9	N	
31	6	Federal Exemption amount	9	N	
32	6a	Federal worksheet	9	N	
33	8	Tax Table	1	A	X if box checked, blank if not marked
34		RI Schedule CGW	1	A	X if box checked, blank if not marked
35	8	RI Schedule D	1	A	X if box checked, blank if not marked
36	8	RI Schedule J	1	A	X if box checked, blank if not marked

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37	8	RI-8615	1	A	X if box checked, blank if not marked
38	8	RI Tax Amount	9	N	
39	8b	Other RI Taxes	9	N	
40	9	RI Alt-Min Tax	9	N	
41	11	Federal Credits Allowable	9	N	
42	12	RI tax after allowable Federal Credits	9	N	
43	14	Other credit form number	4	AN	
44	14	Other Credit Amount	9	N	
45	14	Other credit form number	4	AN	
46	14	Other Credit Amount	9	N	
47	14	Other credit form number	4	AN	
48	14	Other Credit Amount	9	N	
49	14	Other credit form number	4	AN	
50	14	Other Credit Amount	9	N	
51		**NULL**			
52		**NULL**			
53	LINE 13	Allocated Income Tax	9	N	
54	LINE 13	All income from RI	1	A	X if box checked, blank if not marked
55	LINE 13	Non-Resident with income outside RI	1	A	X if box checked, blank if not marked
56	LINE 13	Part Year Resident with income from outside	1	A	X if box checked, blank if not marked
57	16	Contributions	9	N	
58	18A	RI Income Tax Withheld	9	N	
59	18B	Estimated from 1040ES & carryover from 00	9	N	
60		Extension attached indicator	1	AN	X if box checked, blank if not marked
61		**NULL**			
62	18C	Non-Resident withhlding on real estate	9	N	
63	18D	RI Earned Income Credit	9	N	
64	18E	Other Payments	9	N	
65	19	2210 amount	9	N	
66	19	Balance Due	9	N	
67	20	Overpayment	9	N	
68	21	Refund amount	9	N	
69	22	Carry over to 2004	9	N	
70	23C	Total upward modifications	9	N	
71	24C	Total Downward modifications	9	N	
72	27	Foreign Tax Credit	9	N	
73	28	Child & Dependent Care Credit	9	N	
74	29	Credit for the Elderly	9	N	
75	30	Other Federal Credits	9	N	
76	31	Federal EIC	9	N	

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77		**NULL**			
78		**NULL**			
79		**NULL**			
80	35A	Drug Program account	9	N	
81	35B	Olympic Yes	1	A	X if box checked, blank if not marked
82	35B	Olympic No	1	A	X if box checked, blank if not marked
83	35C	Organ Transplant	9	N	
84	35D	Council on the Arts	9	N	
85	35E	Non-Game wildlife	9	N	
86	35F	Childhood Disease Victims Fund	9	N	
87	SIGNATURE AREA	Forms needed next year	1	A	X if box checked, blank if not marked
88	SIGNATURE AREA	Division Contact Preparer Yes	1	A	X if box checked, blank if not marked
89	SIGNATURE AREA	Preparer SSN, PTIN or EIN	9	AN	left justify
		RI Schedule Capital Gain Worksheet			
90	line 2 page 4	amount of capital gains	9	N	
91	line 4 page 4	tax on the amount on line 3	9	N	
		RI SCHEDULE D			
92	line 2 page 5	Federal schedule D	9	N	
93	line 3 page 5	federal form 4952 line 4g	9	N	
94	line 5 page 5	combine federal schedule 7b and line 20	9	N	
95	line 6 page 5	federal schedule D line 20	9	N	
96	line 7 page 5	federal shedule d line 19	9	N	
97	line 10 page 5	subtract line 9 from line 1	9	N	
98	line 17 page 5	qualified 5 year gain	9	N	
99	line 19 page 5	multiply line 18 by 2.0% (.02)	9	N	
100	line 2 page 3	federal earned income credit	9	N	
101	line 8 page 3	RI refundable earned income credit	9	N	
102	14	Form 4972 line 30	9	N	
103	15	Form 8814 line 9	9	N	
104	20	Form 8615 line 18	9	N	
105	12	Recapture of federal credits	9	N	

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		RI Alternative Minium Tax			
106	1	Form 6251 line 28	9	N	
107	2	Exemption	9	N	
108	5	Alt-Min foreign tax credit (federal 6251 line 32)			
109	14	RI Alt-Min Tax			
110	16	Amt from RI Sch D line 9			
111	17	Amt from RI Sch D line 7			
112	18B	Amt from RI Sch D line 4			
113	22	Amt from RI Sch D line 16			
114	25	Amt from RI sch D line 17			
115	36	smaller of line 34 or 35			
		RI Schedule J Averaging			
116	11	Schedule J line 3	9	N	
117	13	Schedule J line 8	9	N	
118	14	Schedule J line 12	9	N	
119	15	Schedule J line 16	9	N	
120	19	Schedule J line 21	9	N	
		Exemption Worksheet			
121	31	enter the child's credit Federal AMT	9	N	
122	33	line 29 or line 32	9	N	
123		NULL			
124		NULL			
125		NULL			
126		NULL			
127		NULL			
128		NULL			
129		NULL			
130		NULL			
131		NULL			
132		NULL			
133		NULL			
134		NULL			
135		NULL			
136		NULL			
137		NULL			
138		NULL			
139		NULL			
140		NULL			
141		NULL			
142		NULL			
143		NULL			
144		NULL			
145		NULL			

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		Schedule III, Allocation Worksheet			
146		Allocated AGI, RI	9	N	
147		Allocated AGI, Federal	9	N	
148		Allocation	6	N	percentage -- 4 positions after decimal, leading zero
		Schedule V, Part Year Resident Allocation			
149	line 13 pg 11	Allocated RI income for part year residents	9	N	
150	line 14 pg 11	Allocation	6	N	percentage -- 4 positions after decimal, leading zero
151	line 18 pg12	income taxed in other jurisdication	9	N	
152	line 22 pg 12	name of state paid	2	A	
153	line 22 pg 12	amount of tax due and paid to other state	9	N	
154	line 25pg 12	AGI from other state	9	N	
155	line 24 pg 8	Divide line 23 by line 24			
		W-2 information (10 occurances)			
156	1st W-2	Employer ID	9	N	######### (9)
157	1st W-2	Employer Name	35	AN	Text
158	1st W-2	Employer Address	35	AN	Number/text (separate lines with commas)
159	1st W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
160	1st W-2	Employee SSN (no punctuation)	9	N	######### (9)
161	1st W-2	Employee Name	35	AN	Text
162	1st W-2	Name of state 1 withholding	2	AN	Two letter state code
163	1st W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
164	1st W-2	Name of locality 1 withholding	10	AN	Text
165	1st W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
166	1st W-2	Name of state 2 withholding	2	AN	Two letter state code
167	1st W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
168	1st W-2	Name of locality 2 withholding	10	AN	Text
169	1st W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
170	2nd W-2	Employer ID	9	N	######### (9)
171	2nd W-2	Employer Name	35	AN	Text
172	2nd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
173	2nd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
174	2nd W-2	Employee SSN (no punctuation)	9	N	######### (9)
175	2nd W-2	Employee Name	35	AN	Text
176	2nd W-2	Name of state 1 withholding	2	AN	Two letter state code
177	2nd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
178	2nd W-2	Name of locality 1 withholding	10	AN	Text
179	2nd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
180	2nd W-2	Name of state 2 withholding	2	AN	Two letter state code
181	2nd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
182	2nd W-2	Name of locality 2 withholding	10	AN	Text
183	2nd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

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184	3rd W-2	Employer ID	9	N	######### (9)
185	3rd W-2	Employer Name	35	AN	Text
186	3rd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
187	3rd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
188	3rd W-2	Employee SSN (no punctuation)	9	N	######### (9)
189	3rd W-2	Employee Name	35	AN	Text
190	3rd W-2	Name of state 1 withholding	2	AN	Two letter state code
191	3rd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
192	3rd W-2	Name of locality 1 withholding	10	AN	Text
193	3rd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
194	3rd W-2	Name of state 2 withholding	2	AN	Two letter state code
195	3rd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
196	3rd W-2	Name of locality 2 withholding	10	AN	Text
197	3rd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
198	4th W-2	Employer ID	9	N	######### (9)
199	4th W-2	Employer Name	35	AN	Text
200	4th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
201	4th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
202	4th W-2	Employee SSN (no punctuation)	9	N	######### (9)
203	4th W-2	Employee Name	35	AN	Text
204	4th W-2	Name of state 1 withholding	2	AN	Two letter state code
205	4th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
206	4th W-2	Name of locality 1 withholding	10	AN	Text
207	4th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
208	4th W-2	Name of state 2 withholding	2	AN	Two letter state code
209	4th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
210	4th W-2	Name of locality 2 withholding	10	AN	Text
211	4th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

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212	5th W-2	Employer ID	9	N	######### (9)
213	5th W-2	Employer Name	35	AN	Text
214	5th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
215	5th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
216	5th W-2	Employee SSN (no punctuation)	9	N	######### (9)
217	5th W-2	Employee Name	35	AN	Text
218	5th W-2	Name of state 1 withholding	2	AN	Two letter state code
219	5th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
220	5th W-2	Name of locality 1 withholding	10	AN	Text
221	5th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
222	5th W-2	Name of state 2 withholding	2	AN	Two letter state code
223	5th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
224	5th W-2	Name of locality 2 withholding	10	AN	Text
225	5th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
226	6th W-2	Employer ID	9	N	######### (9)
227	6th W-2	Employer Name	35	AN	Text
228	6th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
229	6th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
230	6th W-2	Employee SSN (no punctuation)	9	N	######### (9)
231	6th W-2	Employee Name	35	AN	Text
232	6th W-2	Name of state 1 withholding	2	AN	Two letter state code
233	6th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
234	6th W-2	Name of locality 1 withholding	10	AN	Text
235	6th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
236	6th W-2	Name of state 2 withholding	2	AN	Two letter state code
237	6th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
238	6th W-2	Name of locality 2 withholding	10	AN	Text
239	6th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

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240	7th W-2	Employer ID	9	N	######### (9)
241	7th W-2	Employer Name	35	AN	Text
242	7th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
243	7th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
244	7th W-2	Employee SSN (no punctuation)	9	N	######### (9)
245	7th W-2	Employee Name	35	AN	Text
246	7th W-2	Name of state 1 withholding	2	AN	Two letter state code
247	7th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
248	7th W-2	Name of locality 1 withholding	10	AN	Text
249	7th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
250	7th W-2	Name of state 2 withholding	2	AN	Two letter state code
251	7th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
252	7th W-2	Name of locality 2 withholding	10	AN	Text
253	7th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
254	8th W-2	Employer ID	9	N	######### (9)
255	8th W-2	Employer Name	35	AN	Text
256	8th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
257	8th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
258	8th W-2	Employee SSN (no punctuation)	9	N	######### (9)
259	8th W-2	Employee Name	35	AN	Text
260	8th W-2	Name of state 1 withholding	2	AN	Two letter state code
261	8th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
262	8th W-2	Name of locality 1 withholding	10	AN	Text
263	8th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
264	8th W-2	Name of state 2 withholding	2	AN	Two letter state code
265	8th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
266	8th W-2	Name of locality 2 withholding	10	AN	Text
267	8th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

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268	9th W-2	Employer ID	9	N	######### (9)
269	9th W-2	Employer Name	35	AN	Text
270	9th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
271	9th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
272	9th W-2	Employee SSN (no punctuation)	9	N	######### (9)
273	9th W-2	Employee Name	35	AN	Text
274	9th W-2	Name of state 1 withholding	2	AN	Two letter state code
275	9th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
276	9th W-2	Name of locality 1 withholding	10	AN	Text
277	9th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
278	9th W-2	Name of state 2 withholding	2	AN	Two letter state code
279	9th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
280	9th W-2	Name of locality 2 withholding	10	AN	Text
281	9th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
282	10th W-2	Employer ID	9	N	######### (9)
283	10th W-2	Employer Name	35	AN	Text
284	10th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
285	10th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
286	10th W-2	Employee SSN (no punctuation)	9	N	######### (9)
287	10th W-2	Employee Name	35	AN	Text
288	10th W-2	Name of state 1 withholding	2	AN	Two letter state code
289	10th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
290	10th W-2	Name of locality 1 withholding	10	AN	Text
291	10th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
292	10th W-2	Name of state 2 withholding	2	AN	Two letter state code
293	10th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
294	10th W-2	Name of locality 2 withholding	10	AN	Text
295	10th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
296	Trailer		5	AN	value = "*EOD*"